

F 0000	INITIAL COMMENT	F 0000
	Based on a Medicare Recertification, State Licensure and Civil Rights Compliance Survey completed on March 17, 2023, at Lakeside at Willow Valley, it was determined that no deficiencies were identified under the requirements of 42 CFR Part 483, Subpart B, Requirements for Nursing Care Facilities and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations for the Health portion of the survey process.	

TITLE:

(X6) DATE:

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.



# Certified End Page

**LAKESIDE AT WILLOW VALLEY**  
**STATE LICENSE NUMBER: 233602**  
**SURVEY EXIT DATE: 03/17/2023**

**I Certify This Document to be a True and Correct Statement of Deficiencies and  
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

*Jeane Parisi*  
*Deputy Secretary for Quality Assurance*

A handwritten signature in black ink that reads "Debra L. Bogen MD".

*Debra L. Bogen, MD, FAAP*  
*Acting Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY